RI SOS Filing Number: 202198965590 Date: 7/2/2021 4:00:00 PM



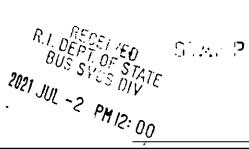
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:						
Non-Profit Corporation						

2021

- → Filing period: June 1 June 30
- → Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.



				0 0			
1. Entity ID Number	2. Exact name of the Corporation						
000030633	Woonsocket Teachers' Guild						
3. State of Incorporation RI 4. NAICS Code 8 3930		on of the characte on represent ssistants	r of business conducted in Rhode Isl ting Teachers and Parapro	and ofessionals ('aka)		
6. Principal Office Address 68 Cumberland Street,	Suite 302		City Woonsocket	State RI	Zip 02895		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Kobert J. Stewart		Exe	cVice-President Name Roxane D. Cary				
Street Address Anoka Avenue			Street Address Street				
City Barrington	State RI	^{Zip} 02806	City Lincoln	State RI	^{Zip} 02865		
Secretary Name Charleen Gauvin	· . <u></u>	<u> </u>	Treasurer Name F. Morris, Jr.				
Street Address 15 Wildwood Circle			Street Address 50 Abbott Run Valley Road				
City Millville	State MA	^{Z_{ip}} 01529	City Cumberland	State RI	^{Zip} 02864		
8. List ALL directors (names and ad	ddresses). RI Corp			ck the box to indicate	e an attachment		
Director Name David Andrews, High School Vice-President			Director Name Robin Crane, Elementary Vice-President				
Street Address Mailing: P.O. Box 635 RI Saunderstown 279 Orchard Woods Drive			Street Address 81 Dana Street				
City Saunderstown	State RI	^{Zip} 02874	City Woonsocket	State RI	^{Zip} 02895		
Director Name, Robin Murphy, Middle School V.P.			Director Name Barbara Ozanian, Paraprofessional VP				
Street Address 16 Valley Stream Drive			Street Address 37 Cold Spring Place				
City Cumberland	State RI	^{Zip} 02864	City Woonsocket	State RI	Zip <i>0289</i> 5		
9. Registered Agent in Rhode Islan	9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.						
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp	oanying schedule	s and		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Repres		Date 6/28/2021					
George F. Morris, Jr. Treasurer							
Signature of Officer/Authorized Representative SIGN FOCUMENT HERE							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov